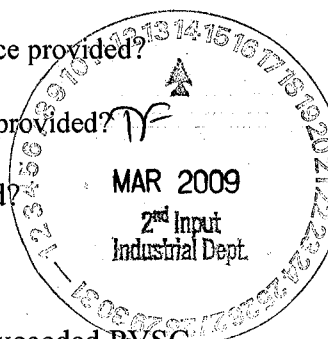


MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE
27220022-OUTLETS 1 & 2

1. MONTH OF JANUARY 1, 2009 THRU JANUARY 31, 2009
2. Is Outlet # (8 digit) Correct? Y N N/A
3. Is average Total flow-gal.day stated in space provided? Y N N/A
4. Is max. Total flow-gal day stated in space provided? Y N N/A
5. Is method used to calculate water stated? Y N N/A
6. Are number of working days stated? Y N N/A
7. Are there any parameters which have exceeded PVSC Local Limits? Y N N/A
8. Is proper compliance/non-compliance statement provided? Y N N/A
9. Have correct number of samples been submitted? Y N N/A
10. Has PHC result been listed on MR-1 report? Y N N/A
11. Has sample number been reported in space provided? Y N N/A
12. Have all regulated parameters been listed on MR-1? Y N N/A
13. Has sample type been stated on MR-1? Y N N/A
14. Have all samples been taken during this reporting period? Y N N/A
15. Has NJDEPE certified lab been used? Y N N/A
16. Have analytical results been submitted on copies of Laboratory stationery? Y N N/A
17. Have results been written in space designated on MR-1? Y N N/A
18. Is correct method used to preserve samples stated on MR-1? Y N N/A
19. Has MR-1 been signed by authorized representative? Y N N/A
20. Has information been submitted on proper MR-1 form? Y N N/A
21. Remove Arsenic from report if sampling not required Y N N/A


c.j.m.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE

27220022

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 3/12/09 Date sent to user _____Date due back _____ Reviewer C.J.M.

Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

NAME: COMO TEXTILE PRINTS INC.

FEB 20 2009

MAILING ADDRESS: 191 EAST RAILWAY AVE. PATERSON, NJ 07503FACILITY LOCATION: 191 EAST RAILWAY AVENUE PATERSON, NJ 07503CATEGORY & SUBPART: 410OUTLET #: 1CONTACT OFFICIAL: MICHAEL BLANCHFIELDTELEPHONE: 973 279-2950NEW CUSTOMER ID / OUTLET ID: 27220022 - 1OLD OUTLET DESIGNATION: 27400341

MONITORING PERIOD

Start			End		
1	1	09	1	31	09
MO	DAY	YR	MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day

N/A

Total Flow-gal/day

188,309 207,140

Method Used: Monthly meter readings divided by days worked

Production Rate (if applicable)

N/A

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cu	Sample Measurement	0.088	—	mg/l	1	Comp
	Permit Requirement	3.02	—	mg/l		
Pb	Sample Measurement	0.013	—	mg/l	1	Comp
	Permit Requirement	0.54	—	mg/l		
Ni	Sample Measurement	0.008	—	mg/l	1	Comp
	Permit Requirement	5.9	—	mg/l		
Zn	Sample Measurement	1.14	—	mg/l	1	Comp
	Permit Requirement	1.67	—	mg/l		
	Sample Measurement					
	Permit Requirement					
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PVSC FORM 40-1 REV. 4/87 D-1

PRETREATMENT MONITORING REPORT

FEB '20 2009

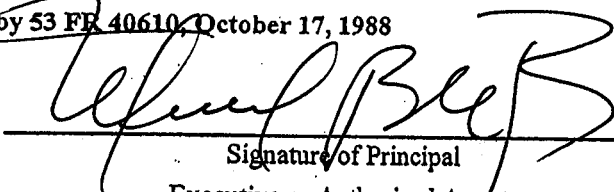
Certification of Non-Use if applicable (use additional sheets): We have been certified
for non-use for Cd, Cr, Hg

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every
parameter used: We are in Compliance of The local
limits on Cu, Pb, Ni, Zn

Explain Method for preserving samples: Samples were taken and
stored at 4 degrees Centigrade. Nitric
Acid was used to preserve The samples
at less than pH 2.0

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in
accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering
the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.
I am aware that there are significant penalties for submitting false information, including the possibility of
fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988


Signature of Principal
Executive or Authorized Agent

/
Michael F. Blanchfield

~~Mr.~~ President

Type Name and Title

2/19/2009
Date

PRETREATMENT MONITORING REPORT

FEB 20 2009

NAME: COMO TEXTILE PRINTS INC.MAILING ADDRESS: 191 EAST RAILWAY AVE. PATERSON, NJ 07503FACILITY LOCATION: 191 EAST RAILWAY AVENUE PATERSON, NJ 07503CATEGORY & SUBPART: 410 OUTLET #: 2CONTACT OFFICIAL: MICHAEL BLANCHFIELD TELEPHONE: 973 279-2950NEW CUSTOMER ID / OUTLET ID: 27220022 - 2 OLD OUTLET DESIGNATION: 27400342

MONITORING PERIOD					
Start			End		
1	1	09	1	31	09
MO	DAY	YR	MO	DAY	YR

Average Maximum

Regulated Flow-gal/day NA

Total Flow-gal/day 16,344 17,978

Method Used: Monthly meter reading divided by days workedProduction Rate (if applicable) NA

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cu	Sample Measurement	0.789	—	mg/l	1	Comp
	Permit Requirement	3.02	—	mg/l		
Pb	Sample Measurement	0.035	—	mg/l	1	Comp
	Permit Requirement	0.54	—	mg/l		
Ni	Sample Measurement	0.004	—	mg/l	1	Comp
	Permit Requirement	5.9	—	mg/l		
Zn	Sample Measurement	0.157	—	mg/l	1	Comp
	Permit Requirement	1.67	—	mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Sample Measurement					
	Permit Requirement					

PVSC FORM MR-1 REV: 4 6/87 P 3

PRETREATMENT MONITORING REPORT

Certification of Non-Use if applicable (use additional sheets):

We have been certified
for non-use for Cd, Cr, HgCompliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every
parameter used:We are in compliance of the local
limits on Cu, Pb, Ni, Zn

Explain Method for preserving samples:

Samples were taken and
stored at 4 degrees Centigrade. Nitric
Acid was used to preserve the samples
at less than pH 2.0

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Signature of Principal

Executive or Authorized Agent

Michael F. Blanchfield

President

Type Name and Title

2/19/2009

Date

Technion, Inc.
Testing and Research Laboratories

Client : Como Textiles

Date Received : 01/06/09

Date Digested : 01/12/09

Test Results

Sample ID: Pretreatment 1

Matrix: Wastewater

Lab ID: 8398-2

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avge Limits	EPA Method
01/13/09	Copper	0.088	0.004	3.02	200.8
01/13/09	Lead	0.013	0.004	0.54	200.8
01/13/09	Nickel	0.008	0.004	5.9	200.8
01/13/09	Zinc	1.14	0.01	1.67	200.8

QC ID : L2877371-2

Test results are in mg/l (ppm), unless specified.

MDL : Minimum Detection Limit

N.D. : Not Detected

NJDEP No. 07004

Page

3 of 5

**Technion Inc.,
Testing and Research Laboratories**

Client : Como Textiles

Date Received : 01/06/09

Date Digested : 01/12/09

Test Results

Sample ID: Pretreatment 2

Matrix: Wastewater

Lab ID: 8398-4

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avege Limits	EPA Method
01/13/09	Copper	0.789	0.004	3.02	200.8
01/13/09	Lead	0.035	0.004	0.54	200.8
01/13/09	Nickel	N.D.	0.004	5.9	200.8
01/13/09	Zinc	0.157	0.01	1.67	200.8

QC ID : L2877371-3

Test results are in mg/l (ppm), unless specified.

MDL : Minimum Detection Limit

N.D. : Not Detected

NJDEP No. 07004

Page

5 of 5

COMO TEXTILE PRINTS, INC.
 191 East Railway Avenue
 Paterson, New Jersey 07503
 tel: (973) 279-2950 fax: (973) 881-8450

Date: 2/19/2009

Passaic Valley Sewerage Commissioners
 Industrial Waste Control Department

RE: Computations for monitoring report

Enclosed are the computations for the enclosed monitoring report:

Service #341

Meter #70025607	5220 (CCF) * 748 =	3,904,560	gal.
Meter #60094686	80 (CCF) * 748 =	59,840	gal.

		3,964,400	gal.

5% allowance for evaporation * .95

Consumption #341

=====

3,766,180 gal.

Service #342

Meter #60094678	460 (CCF) * 748 =	344,080	gal.
-----------------	-------------------	---------	------

5% allowance for evaporation * .95

Consumption #342

=====

326,876 gal.

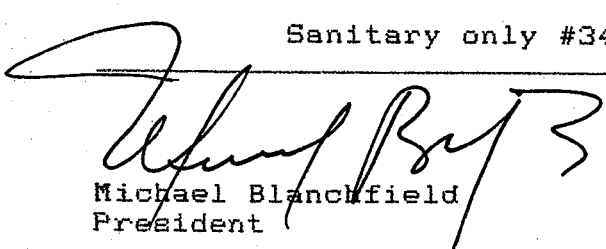
Service #343

Meter #45141583	11 (CCF) * 748 =	8,228	gal.
-----------------	------------------	-------	------

Sanitary only #343

=====

8,228 gal.


 Michael Blanchfield
 President

pvsc36A

**Technion Inc.,
Testing and Research Laboratories
263 Hillside Avenue
Nutley, NJ 07110**

RECEIVED JAN 21 2009

Tel : 973-661-0800

Fax : 973-661-1817

Analytical Report

Client : Como Textiles
Client Ref :
Material : Four Wastewater Samples

Date : 01/15/09
Technion Ref : 8398
Date Received : 01/06/09
Lab ID : 09: 8398

Project :

Analysis Req : BOD, TSS, pH / Metals (Cu, Pb, Ni, Zn)

Analyst : Y. Yildiz, S. Zalewski

The above sample(s) were received on 01/06/09 and analyzed as requested.

Certificate of Analysis

Test Results : Test results are as attached.

Metals Subcontracted to QC Laboratories NELAP NJ PA166

Release of the data contained in this hard copy data package has been authorized by the laboratory manager as verified by the following signature.



**Omar Baturay
Laboratory Manager**

OB/td

NJDEP No. 07004

Page

1 of 5

TECHNION, INC.

TESTING AND RESEARCH LABORATORY
263 HILLSIDE AVENUE
NUTLEY, NEW JERSEY 07110
Tel: (973) 661-0800 • Fax: (973) 661-1817

CHAIN OF CUSTODY

LAB I.D. #

8416

Company Name / Address:

Como Textiles

Proj. Mgr. _____

Proj. Description _____

Sampler (Signature): _____

CHECK REPORT
TYPE REQUIRED

☐ EPA TIER I (CLP)
☐ EPA TIER II (CLP)
☐ RESULTS ONLY III
☐ NJ ECRA II
☐ NJ TIER 1B
☐ NY DOH
☐ OTHER
DATE DUE _____

NO. OF SAMPLE CONTAINERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Page ____ of ____

REMARKS

SAMPLE DESCRIPTION

TIME

DATE

SAMPLE I.D.

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REMARKS

SAMPLE DESCRIPTION

TIME

DATE

SAMPLE I.D.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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REMARKS: TRANSPORTED AT 4°C? 4 ☒ YES ☐ NOSAMPLES IN GOOD CONDITION? ☒ YES ☐ NO



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

RECEIVED FEB 13 2009

Bill Date	Jan 30, 2009
Account Number	122621-98572
Date of Last Payment	Dec 23, 2008
Amount of Last Payment	\$ 13,251.00
Previous Balance	\$ 1,967.02
Current Charges	\$ 7,206.54
Total Amount Due	\$ 9,173.56
Due Date	Mar 01, 2009

SERVICE ADDRESS 191 E RAILWAY AVE, PATERSON

BILL TYPE MONTHLY BILL

Billing Period

Dec 10, 2008--Jan 22, 2009

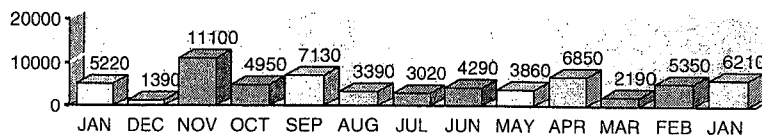
Services

Description	Charge
SERVICE CHARGE	172.73
SERVICE CHARGE	199.64
USAGE CHARGE (CCF)	3721.98
FIRST 333 CCF	236.81
NEXT 9,999,999 CCF	2875.38

Meters

Meter No	Meter Size	Current	Previous	Consumption
70025607	4 INCH	9601	9079	5220

Usage History (most recent first)



Message Center

Passaic Valley Water Commission found high levels of lead in drinking water in some homes. Lead can cause serious health problems. For more information please call Passaic Valley Water Commission or visit www.pvwc.com THIS BILL REFLECTS A RATE INCREASE EFFECTIVE JANUARY 1, 2009.

DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122621-98572
Due Date	Mar 01, 2009
Total Amount Due	\$ 9,173.56
Amount Enclosed	

RECEIVED FEB 13 2009

Mailing Address:

Service Address:

191 E RAILWAY AVE, PATERSON

*B-01-RZS-CM-00031



COMO TEXTILE PRINT
191 E RAILWAY AVE
PATERSON NJ 07503-2103



PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393



000122621000098572000009173567



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

RECEIVED FEB 2 - 2009

Bill Date	Jan 30, 2009
Account Number	122623-98574
Date of Last Payment	Dec 30, 2008
Amount of Last Payment	\$ 611.72
Previous Balance	\$ 7.45
Current Charges	\$ 757.80
Total Amount Due	\$ 765.25
Due Date	Mar 01, 2009

SERVICE ADDRESS 191 E RAILWAY AVE UT001, PATERSON

BILL TYPE MONTHLY BILL

Billing Period

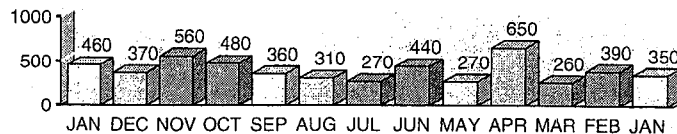
Dec 10, 2008--Jan 22, 2009

Services

Description	Charge
SERVICE CHARGE	54.39
SERVICE CHARGE	63.88
USAGE CHARGE (CCF)	327.99
FIRST 333 CCF	236.81
NEXT 9,999,999 CCF	74.73

Meters

Meter No	Meter Size	Current	Previous	Consumption
60094678	2 INCH	5068	5022	460

Usage History (most recent first)**Message Center**

Passaic Valley Water Commission found high levels of lead in drinking water in some homes. Lead can cause serious health problems. For more information please call Passaic Valley Water Commission or visit www.pvwc.com THIS BILL REFLECTS A RATE INCREASE EFFECTIVE JANUARY 1, 2009.

DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122623-98574
Due Date	Mar 01, 2009
Total Amount Due	\$ 765.25
Amount Enclosed	

Mailing Address:

RECEIVED FEB 2 - 2009

Service Address:

191 E RAILWAY AVE UT001, PATERSON

*A-01-RZW-AM-00754

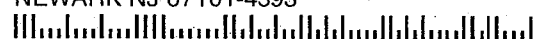


COMO TEXTILE PRINT
191 E RAILWAY AVE
PATERSON NJ 07503-2100



3

PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393



000122623000098574000000765252



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

Bill Date	Feb 06, 2009
Account Number	122625-98578
Date of Last Payment	Feb 03, 2009
Amount of Last Payment	\$ 244.74
Previous Balance	\$-0.50
Current Charges	\$ 268.82
Total Amount Due	\$ 268.32
Due Date	Mar 08, 2009

SERVICE ADDRESS 193 E RAILWAY AVE, PATERSON

BILL TYPE MONTHLY BILL

Billing Period

Dec 10, 2008--Jan 22, 2009

Services

Description	Charge
SERVICE CHARGE	54.39
SERVICE CHARGE	63.88
SERVICE CHARGE	12.97
SERVICE CHARGE	7.98
USAGE CHARGE (CCF)	64.88
FIRST 333 CCF	64.72

Meters

Meter No	Meter Size	Current	Previous	Consumption
60094686	2 INCH	1310	1302	80
45141583	5/8 INCH	549	538	11

continued...

DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300

- ☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122625-98578
Due Date	Mar 08, 2009
Total Amount Due	\$ 268.32
Amount Enclosed	

Service Address:

193 E RAILWAY AVE, PATERSON

Mailing Address:

*B-01-YQ2-AM-00046



*****SNGLP

COMO TEXTILES
193 E RAILWAY AVE
PATERSON NJ 07503



1

PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393



7 ROP DOWN BOX

NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

NAME: COMO TEXTILE

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____

PERMIT #: _____

OUTLET #: 27220022-142

CONTACT OFFICIAL: _____

TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____ Lead _____ Zinc _____

Cadmium _____ Mercury _____

Chromium _____ Molybdenum _____

Copper _____ Nickel ☒

SAMPLE DATE

MONTH DAY YEAR

1 06 09

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
<u>NICKEL</u>	Sample Measurement	<u>0.008</u>		<u>mg/l</u>	<u>Comp.</u>
	Threshold Value	<u>0.02</u>		<u>1</u>	
* OUT. #1 *	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
<u>NICKEL</u>	Sample Measurement	<u>0.004</u>		<u>mg/L</u>	<u>comp.</u>
	Threshold Value	<u>0.02</u>		<u>1</u>	
* OUT. #2 *	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

PVSC Form MR-3 10/96